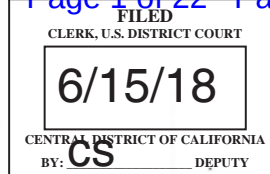


CMC



LAMAAS EL
FULL NAME

C.M.C. EAST / P.O. BOX 8101
COMMITTED NAME (if different)

D-7244 / SAN LUIS OBISPO, CA. 93409
FULL ADDRESS INCLUDING NAME OF INSTITUTION

BE4873
PRISON NUMBER (if applicable)

Received	<u>6-14-18</u>
	(Date)
Scanned at CMC and E-mailed	
on	<u>6-14-18</u> by <u>CS</u>
	(Date) (Initials)
Number of pages scanned:	<u>21</u>

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

<u>LAMAAS EL</u>	CASE NUMBER <u>CV18-5397-ODW(JC)</u>
	<i>To be supplied by the Clerk</i>
PLAINTIFF,	
<u>CUSTODY ASSISTANT</u> <u>SOTO</u>	CIVIL RIGHTS COMPLAINT PURSUANT TO (Check one)
DEFENDANT(S).	<input type="checkbox"/> 42 U.S.C. § 1983 <input type="checkbox"/> Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☒ No
2. If your answer to "1." is yes, how many? _____

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

- a. Parties to this previous lawsuit:
Plaintiff: N/A

Defendants: _____

- b. Court: _____

- c. Docket or case number: _____

- d. Name of judge to whom case was assigned: _____

- e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) _____

- f. Issues raised: _____

- g. Approximate date of filing lawsuit: _____

- h. Approximate date of disposition: _____

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No

2. Have you filed a grievance concerning the facts relating to your current complaint? ☐ Yes ☐ No

If your answer is no, explain why not: _____

3. Is the grievance procedure completed? ☒ Yes ☐ No

If your answer is no, explain why not: _____

4. Please attach copies of papers related to the grievance procedure. SEE EXHIBIT A

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff

LAMAAS EL

(print plaintiff's name)

who presently resides at

CMC STATE PRISON

(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

(CUSTODY ASSISTANT) SOTO, LOS ANGELES COUNTY JAIL

(institution/city where violation occurred)

MENS CENTRAL JAIL, MODULE 2500 (C) ROW

CIVIL RIGHTS COMPLAINT

1. Defendant (CUSTODY ASSISTANT) SOTO resides or works at
(full name of first defendant)
450 BAUCHET STREET LOS ANGELES, CA. 90012
(full address of first defendant)
(C.A.) CUSTODY ASSISTANT
(defendant's position and title, if any)

EMPLOYED BY, AND THROUGH THE LOS ANGELES COUNTY SHERIFFS
DEPT., AT (MENS CENTRAL JAIL) AND ON DUTY DURING VIOLATION

CIVIL RIGHTS COMPLAINT

4. Defendant _____ resides or works at:
(full name of first defendant)

(full address of first defendant)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

5. Defendant _____ resides or works at
(full name of first defendant)

(full address of first defendant)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

D. CLAIMS*

CLAIM I

The following civil right has been violated:

1) CRUEL AND UNUSUAL PUNISHMENT VIOLATION OF THE
14TH AMENDMENT AGAINST A PRE TRIAL DETAINEE

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

REFER TO: "SUPPORTING FACTS"

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

FROM DEFENDANT SOTO IN CLAIM #1 THE PLAINTIFF
IS SEEKING COMPENSATORY DAMAGES IN THE
AMOUNT OF 50,000 \$ ALSO PUNITIVE DAMAGES IN
THE AMOUNT OF 25,000 \$

PLAINTIFF, SEEKS ANY FUTURE MEDICAL COST, ALSO
COURT AND ATTORNEY FEES.

ANY ADDITIONAL RELIEF THE COURT DEEMS
JUST AND FAIR BE GRANTED TO PLAINTIFF IN
ADDITION TO WHAT HAS ALREADY BEEN REQUESTED.

5-16-18

(Date)

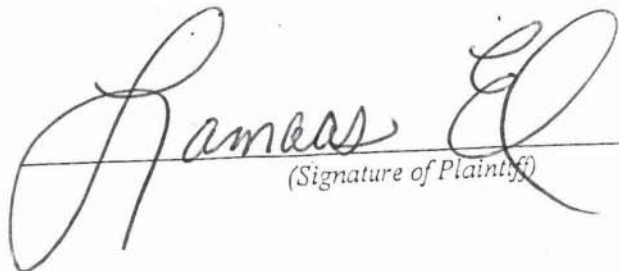

(Signature of Plaintiff)

EXHIBIT A

REFERENCE NUMBER:	Is this grievance an emergency? ¿Es ésta queja una emergencia? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT INMATE GRIEVANCE FORM See the back copy for instructions. All grievances must be filed within 15 calendar days. Grievances will be responded to within 15 days. Appeals must be filed within 15 calendar days. Only one grievance per form. Solamente una queja por forma.				
	If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately. Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.		NAME NOMBRE	BOOKING NUMBER SU NÚMERO DE PRESO	FACILITY FACILIDAD	HOUSING LOC. LUGAR DE VIVIENDA	DATE FECHA
	LAMAS EL		7448444	1105		620	07-16-17
I HAVE A GRIEVANCE ABOUT THE FOLLOWING:							
GENERAL SERVICES		MEDICAL/MENTAL		STAFF			
<input type="checkbox"/> Living conditions <input type="checkbox"/> Food <input type="checkbox"/> Showers <input type="checkbox"/> Property <input type="checkbox"/> Mail <input type="checkbox"/> Commissary/Account Balance <input type="checkbox"/> Clothing/Linen/Bedding <input type="checkbox"/> Educational/Vocational Programs <input type="checkbox"/> Other (explain below)		<input type="checkbox"/> Classification <input type="checkbox"/> Telephone <input type="checkbox"/> Visiting <input type="checkbox"/> Medical Services (Place in envelope) <input type="checkbox"/> Mental Health (Place in envelope) <input type="checkbox"/> Dental (Place in envelope) <input type="checkbox"/> Americans with Disabilities Act (ADA) <input type="checkbox"/> Other (explain below)		<input type="checkbox"/> Custody Personnel <input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Other (explain below) Optional (check only if applicable): <input type="checkbox"/> Use of force <input type="checkbox"/> Retaliation <input type="checkbox"/> Harassment <input type="checkbox"/> Racial or identity profiling Specify the type(s) in your explanation. (please refer to the reverse side of the pink copy for more information)			
PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:							
DATE, TIME, DAY OF OCCURRENCE		FACILITY OF OCCURRENCE		LOCATION OF OCCURRENCE			
4-16-17		1105		2500 - 1-17			
(NOT) C/A AM... HAITSIATED HE WAS CLOSING... CLOSED BACK... I...							
<input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution. <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution. Mailing address _____ City _____ State _____ ZIP _____ Phone () _____							
Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.							
Inmate's Signature X <i>[Signature]</i>							

----- FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE -----

Emergency Grievances

- If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life or safety, notify custody personnel immediately. You may request that a grievance be handled as an emergency by marking an "X" in the "YES" box located in the top left corner of the Inmate Grievance Form. An emergency grievance is defined as an urgent matter wherein a disposition according to the regular time limits would subject you to immediate risk of death, personal injury, or irreparable harm. A written response will be provided within five (5) calendar days documenting what action was undertaken.

General Grievances

- As an inmate within the custody of the Los Angeles County Sheriff's Department, you have the right to submit a grievance relating to any condition of confinement using the Inmate Grievance Form. In addition, you also have the right to appeal any disposition regarding your grievance.
- You may obtain an Inmate Grievance Form from your housing location or notify a staff member to obtain one for you.
- All inmate grievances must be as complete as possible.
- All grievances must be submitted to the Sheriff's Department within 15 calendar days of the event upon which the grievance is based, or they will be denied. Exceptions may be made for grievances involving allegations of force, or the Prison Rape Elimination Act (PREA).
- Once the results of the grievance have been determined, a written response will be provided to you, generally within 15 calendar days after the submission of the grievance.
- You will be asked to sign the written response upon receipt.
- All appeals shall be submitted on an Inmate Grievance Appeal Form which will be provided to you when you are notified of the disposition of your grievance.
- Failure to file a grievance or appeal may waive rights to seek relief from a court of law.

Americans with Disabilities Act (ADA) Request/Grievance Procedure

- The grievance must contain your name, booking number, housing location.
- Include a brief description of what you are grieving.
- Indicate the actions you are requesting for the Department to take to correct any alleged violation(s).
- Grievances should be addressed to the Custody Division ADA Coordinator:

Los Angeles County Sheriff's Department - Custody Division ADA Coordinator
Custody Compliance and Sustainability Bureau
450 Bauchet St., Room E-883, Los Angeles, CA 90012
Phone: (213) 893-5500 TTY: (323) 267-6669 Email: adacompcus@lasd.org

- You may request an informal meeting regarding accommodations through the Custody ADA Coordinator to discuss the grievance.
- Using this informal request/grievance procedure is not a requirement under federal regulations, nor does it prevent you from filing a grievance with the appropriate federal enforcement agency.
- Alternatively, your ADA request may be submitted on the Los Angeles County Sheriff's Department Inmate Request Form.

Prison Rape Elimination Act (PREA)

The Los Angeles County Sheriff's Department has zero tolerance for sexual abuse and abides by the standards set forth in the Prison Rape Elimination Act of 2003 (PREA). PREA is a Federal law established to address the elimination and prevention of sexual assault and rape in correctional institutions. If you have been the victim or witness of any sexual assault or sexual abuse, report it. You may notify any custody personnel, fill out a confidential Inmate Grievance Form, or call any of the following phone numbers:

Los Angeles County Office of the Inspector General (OIG)
 (800) 801 - 0030
National Sexual Assault Hotline
 (800) 656 -4673

Medical or Mental Health Concerns

- If you feel you need to see a Mental Health worker, please contact any staff member right away.
- You may submit a confidential grievance for medical or mental health related concerns by placing the completed Los Angeles County Sheriff's Department Inmate Grievance Form into a white envelope available in your housing area.

Racial or Identity Profiling Grievances

You may file a grievance regarding an incident of perceived racial or identity profiling, involving one or more of the following factors:

- | | | | |
|---------------------|---------------------|------------|---------------------------------|
| • Race or ethnicity | • Gender | • Age | • Sexual orientation |
| • Nationality | • Gender expression | • Religion | • Mental or physical disability |

EXHIBIT B

REFERENCE NUMBER:	Is this grievance an emergency? ¿Es ésta queja una emergencia? <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO		COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT <u>INMATE GRIEVANCE FORM</u> See the back copy for instructions. All grievances must be filed within 15 calendar days. Grievances will be responded to within 15 days. Appeals must be filed within 15 calendar days. Only one grievance per form. Solamente una queja por forma.				
	If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately. Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.		NAME NOMBRE	BOOKING NUMBER SU NÚMERO DE PRESO	FACILITY FACILIDAD	HOUSING LOC. LUGAR DE VIVIENDA	DATE FECHA
	LAMAS EL		449894	MCT	2500-CM	6-10-18	
I HAVE A GRIEVANCE ABOUT THE FOLLOWING:							
INMATE NAME:	GENERAL SERVICES <input type="checkbox"/> Living conditions <input type="checkbox"/> Classification <input type="checkbox"/> Food <input type="checkbox"/> Telephone <input type="checkbox"/> Showers <input type="checkbox"/> Visiting <input type="checkbox"/> Property <input type="checkbox"/> Mail <input type="checkbox"/> Commissary/Account Balance <input type="checkbox"/> Clothing/Linen/Bedding <input type="checkbox"/> Educational/Vocational Programs <input type="checkbox"/> Other (explain below)		MEDICAL/MENTAL <input checked="" type="checkbox"/> Medical Services (Place in envelope) <input type="checkbox"/> Mental Health (Place in envelope) <input type="checkbox"/> Dental (Place in envelope) <input type="checkbox"/> Americans with Disabilities Act (ADA) <input type="checkbox"/> Other (explain below)		STAFF <input type="checkbox"/> Custody Personnel <input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Other (explain below) Optional (check only if applicable): <input type="checkbox"/> Use of force <input type="checkbox"/> Retaliation <input type="checkbox"/> Harassment <input type="checkbox"/> Racial or identity profiling Specify the type(s) in your explanation. (please refer to the reverse side of the pink copy for more information)		
	PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:						
DATE, TIME, DAY OF OCCURRENCE		FACILITY OF OCCURRENCE		LOCATION OF OCCURRENCE			
NEED PAIN MEDS I WAS SHOT IN GATE AND MY BACK LEFT SIDE, LEFT KNEE, NECK, AND LEFT ARM TINGLES, AND HAS PAIN							
<input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution. <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution. Mailing address _____ City _____ State _____ ZIP _____ Phone (____) _____							
Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.							
Inmate's Signature X <i>[Signature]</i>							
----- FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE -----							
Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS). FRONT PART 2 (PINK COPY)							

Emergency Grievances

- If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life or safety, notify custody personnel immediately. You may request that a grievance be handled as an emergency by marking an "X" in the "YES" box located in the top left corner of the Inmate Grievance Form. An emergency grievance is defined as an urgent matter wherein a disposition according to the regular time limits would subject you to immediate risk of death, personal injury, or irreparable harm. A written response will be provided within five (5) calendar days documenting what action was undertaken.

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Racial or Identity Profiling Grievances

You may file a grievance regarding an incident of perceived racial or identity profiling, involving one or more of the following factors:

- | | | | |
|---------------------|---------------------|------------|---------------------------------|
| • Race or ethnicity | • Gender | • Age | • Sexual orientation |
| • Nationality | • Gender expression | • Religion | • Mental or physical disability |

"SUPPORTING FACTS"

1 CLAIM #1 - 14TH AMENDMENT VIOLATION

2(1) ON 11-12-2015, I WAS INCARCERATED UNDER THE BOOKING, AND NAME
3 LAMAS EL #4498994 IN THE LOS ANGELES COUNTY JAIL, MENS
4 CENTRAL JAIL.

5(2) THROUGHOUT THE DURATION OF THIS COMPLAINT, I WAS A PRE TRIAL
6 DETAINEE, DUE TO ME NOT BEING CONVICTED PRIOR TO THE DAY
7 THIS ~~IS~~ INCIDENT OCCURED.

8(3) ON 4-16-17, I WAS ASSIGNED TO MODULE 2500, CELL C 17,
9 IN THE MENS CENTRAL JAIL, WITHIN THE LOS ANGELES COUNTY JAIL
10 DUE TO ME BEING PRO PER, AND THE MODULE I WAS ASSIGNED TO
11 WAS FOR PRO PER INMATES.

12(4) DEFENDANT SOTO, WAS ASSIGNED TO MODULE 2500 AS A
13 CUSTODY ASSISTANT, AND ON DUTY ON 4-16-17, AND PERSONALLY
14 RESPONSIBLE FOR THE CONSTITUTIONAL VIOLATION THE PLAINTIFF
15 IS ALLEGING HERE IN.

16(5) DEFENDANT SOTO, IS EMPLOYED BY AND THROUGH THE
17 LOS ANGELES COUNTY SHERIFF DEPARTMENT AS A CUSTODY
18 ASSISTANT AND WAS ASSIGNED TO MODULE 2500 IN THE MENS
19 CENTRAL JAIL, WITHIN THE LOS ANGELES COUNTY JAIL, AND
20 WAS ASSIGNED TO MODULE 2500, ON 4-16-17 AT APPROXIMATELY
21 8:00 AM, PILL CALL WAS ANOUNCED OVER THE LOUD SPEAKER.
22 AT THAT TIME I WAS PRESCRIBED MENTAL HEALTH
23 MEDICATION, WHICH REQUIRED MY PRESENCE TO TAKE
24 MY MEDICATION.

25(6) THERE ARE 4 DIFFERENT HOUSING TIERS, FOR INMATE'S
26 THESE HOUSING LOCATIONS ARE A, B, C, D, KNOWN AND
27 REFERED TO BY JAIL STAFF MEMBERS AS "ABLE ROW"(A),
28 "BAKER ROW"(B), "CHARLIE ROW"(C), "DENVER ROW"(D).

(1)

1 THE PLAINTIFF WAS ASSIGNED TO "CHARLIE ROW", CELL 17
2 IN "CHARLIE ROW", TO EITHER OPEN OR CLOSE THE CELLS 1-14,
3 THERE IS 1 BARLOCK, THE 2ND BARLOCK IS USED TO CONTROL
4 THE OPENING AND CLOSING THE REMAINING CELL'S WHICH ARE
5 CELLS 15-26.

6 (7) DEFENDANT SOTO, IS AND SHOULD BE AWARE OF HOW TO
7 OPERATE THE BARLOCKS, FOR INMATES EITHER BEING RELEASED
8 FROM THERE CELLS, AND/OR SECURED IN THERE CELL'S WITHOUT
9 THE OCCURANCE OF INJURY. DEFENDANT SOTO, HAS A DUTY
10 TO KEEP INMATES PROTECTED FROM UNREASONABLE RISK
11 WHICH HE FAILED TO DO BY HIS ACTIONS.

12 (8) DEFENDANT SOTO, UTILIZED THE FIRST BAR TO OPEN UP
13 CELLS #1-14, DEFENDANT SOTO, THEN UTILIZED THE SECOND
14 BAR, WHICH OPENED UP THE CELLS #15-26, I WAS ATTEMPTING
15 TO EXIT MY CELL, AS I STEPPED THROUGH THE DOOR, AT THAT TIME
16 DEFENDANT SOTO, CLOSED THE CELLS BY UTILIZING THE WRONG
17 BAR LOCK, WHICH PERMITTED ME TO BE SHUT IN THE DOOR,
18 DEFENDANT SOTO'S, ACTIONS CAUSED EXCRUCIATING PAIN BY MY
19 BODY BEING GRIPPED IN THE DOORWAY.

20 (9) TO FURTHER PREVENT MY BODY FROM DURING EXCRUCIATING
21 PAIN BY BEING STUCK IN THE GATE, I WAS FORCED TO SNATCH
22 MY BODY OUT OF THE GATE SINCE DEFENDANT SOTO, WAS
23 IGNORING MY PLEA.

24 (10) IN AN ATTEMPT TO NOTIFY DEFENDANT SOTO, I YELLED DOWN
25 THE TIER TO OPEN THE GATE, AS I SNATCHED MY BODY OUT
26 OF THE VICE GRIP, THE GATE HAD ME IN.

27 (11) I LUMPED DOWN "CHARLIE ROW", TO INFORM DEFENDANT
28 SOTO, THAT I NEEDED MEDICAL ATTENTION FROM BEING SMASHED

(2)

"SUPPORTING FACTS"

1 IN THE GATE. UPON REACHING DEFENDANT SOTO, I NOTICED
2 THAT HE WAS STILL TRYING TO OPERATE THE BARLOCK, AS IF HE
3 DID NOT KNOW HOW TO OPERATE SUCH, BY HIM CONTINUOUSLY
4 OPENNING AND CLOSING THE DIFFERENT BARS.

5 (12) WHILE DEFENDANT SOTO, STILL TRYING TO OPERATE THE BARLOCK
6 I INFORMED DEFENDANT SOTO, OF HIS ACTIONS, I STATED
7 "AS SOON AS YOU OPENED UP THE CELL DOOR," "YOU IMMEDIATELY
8 CLOSED IT," WITH ME STEPPING THROUGH IT. I HOLLARED FOR
9 YOU TO OPEN UP THE BAR, AND YOU ACTED LIKE YOU DIDN'T
10 HEAR ME, "YOU NEED TO PAY CLOSER ATTENTION TO WHAT YOUR
11 DOING," "YOU NEED TO MIND YOUR OWN BUSINESS," AND GO BACK
12 TO YOUR CELL INMATE, STATED DEFENDANT SOTO,
13 "I'M GOING TO WRITE YOU UP," I STATED, AND THE DEFENDANT
14 SOTO, STATED, "HERE'S HOW YOU SPELL MY NAME," AT THAT TIME
15 THE PLAINTIFF GOT A GRIEVENCE FORM, AND FILED A COMPLAINT
16 AGAINST CUSTODY ASSISTANT SOTO, THE PLAINTIFF EXHAUSTED
17 HIS ADMINISTRATIVE REMEDIES BY FILING A GRIEVENCE
18 FORM SEE (EXHIBIT A).

19 (13) THE PLAINTIFF, GOT GRIEVENCE FORM, FILLED IT OUT PUT
20 IT IN DESIGNATED BOX FOR GRIEVENCES IN THE MODULE 2500,
21 AND PROCEEDED TO THE PII CALL LINE, WHERE THE PLAINTIFF
22 SPOKE TO THE DEPUTY ASSIGNED TO THE PII CALL LINE,
23 AND REQUESTED MEDICAL ATTENTION FOR HIS INJURIES, AND
24 TO SPEAK TO A SARGENT. PLAINTIFF, IS UNAWARE OF
25 THE SARGENT'S NAME. THE SARGENT IS NOT A DEFENDANT
26 IN THIS LAW SUIT. I AM NEARLY TELLING THE STORY AS IT
27 OCCURED.

28 (14) THE PLAINTIFF SPOKE WITH AND INFORMED THE SARGENT,

(3)

"Supporting Facts"

1 OF THE INCIDENT AND HE MANDATED THE PILL LINE DEPUTY TO
2 INVESTIGATE, AND WRITE A INCIDENT REPORT. AFTERWARDS
3 THE PLAINTIFF, WAS TAKEN TO BE SEEN BY THE MEDICAL
4 DEPARTMENT. PLAINTIFF IS UNAWARE OF THE NAME OF THE
5 DEPUTY ASSIGNED TO PILL CALL ON 4-16-17, ON THE 2000
6 FLOOR 2500 - PILL LINE, AT ROUGHLY 7:00 ^{AM} TO 8:00 ^{AM}.

7 IN CONCLUSION: THE INCIDENT DATED 4-16-17, THE
8 PLAINTIFF, HAS SUSTAINED INJURIES, THE INJURIES THAT
9 THE PLAINTIFF SUSTAINED ARE DAMAGE TO THE UPPER AND
10 LOWER, LEFT SIDE OF HIS BACK, AND DAMAGE TO
11 THE PLAINTIFFS LEFT KNEE. TREATMENT, AND CHRONIC
12 PAIN MANAGEMENT HAS BEEN IN AFFECT, ON GOING.

13
14 DEFENDANT SOTO, IS SUED IN HIS OFFICIAL CAPACITY.
15

16
17 THERE WERE 2 INCIDENT REPORTS 1, BY PILL CALL DEPUTY
18 AND A 2ND BY THE MEDICAL DEPARTMENT.
19

20

21

22

23

24

25

26

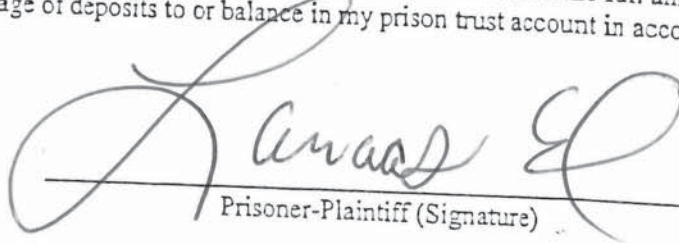
27

28

29

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.


Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ _____ on account at the _____ institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ _____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ _____.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

5/16/18
Date

Authorized Officer of Institution (Signature)

Date\Time: 5/15/2018 12:23:25 PM

CDCR

Verified: W

Institution: CMC

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
BE4873	EL, LAMAAS	CMC	D 007 2	244001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
11/01/2017	WSP	BEGINNING BALANCE				\$0.00
11/08/2017	WSP	INMATE DEPOSIT	LA 101717 #8884	21230	\$23.66	\$23.66
11/08/2017	WSP	RESTITUTION FINE PAYMENT			(\$11.83)	\$11.83
11/08/2017	WSP	ADMINISTRATIVE FEE			(\$1.18)	\$10.65
11/17/2017	WSP	SALES	98		(\$9.90)	\$0.75
12/04/2017	WSP	MEDICAL COPAY	#6862 WSP112717		(\$0.75)	\$0.00
01/10/2018	WSP	JPAY	0000000080746911		\$54.05	\$54.05
01/10/2018	WSP	RESTITUTION FINE PAYMENT			(\$27.02)	\$27.03
01/10/2018	WSP	ADMINISTRATIVE FEE			(\$2.70)	\$24.33
01/19/2018	WSP	SALES	49		(\$22.90)	\$1.43
01/24/2018	WSP	LEGAL COPY	COPIES WSP011218		(\$0.30)	\$1.13
02/02/2018	WSP	MEDICAL COPAY	#6862 WSP011818		(\$1.13)	\$0.00
03/16/2018	WSP	JPAY	0000000083386805		\$40.00	\$40.00
03/16/2018	WSP	RESTITUTION FINE PAYMENT			(\$20.00)	\$20.00
03/16/2018	WSP	ADMINISTRATIVE FEE			(\$2.00)	\$18.00
03/29/2018	PVSP	TRACS TRANSFER IN	TX03292018		\$18.00	\$18.00
03/29/2018	WSP	TRACS TRANSFER OUT	TX03292018		(\$18.00)	\$0.00
04/18/2018	PVSP	TRACS TRANSFER OUT	TX04182018		(\$18.00)	\$0.00
04/18/2018	CMC	TRACS TRANSFER IN	TX04182018		\$18.00	\$18.00
04/18/2018	CMC	SALES	21		(\$18.00)	\$0.00

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
No information was found for the given criteria.				

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	GA097299	Active	\$300.00	\$0.00	(\$58.85)	\$241.15

THE WITHIN INSTRUMENT IS A TRUE COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: *[Signature]* 05/15/18
TRUST OFFICE

Date\Time: 5/15/2018 12:23:25 PM

CDCR

Verified: W

Institution: CMC

Inmate Statement Report

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	BA441489	Active	\$300.00	\$0.00	\$0.00	\$300.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature] 05/15/18
TRUST OFFICE

1 LAMAAS EL # 064873
 2 CMC EAST / 7244
 3 P.O. BOX 8101
 4 SAN LUIS OBISPO, CA. 93409

5 UNITED STATES DISTRICT COURT FOR
 6 THE CENTRAL DISTRICT OF CALIFORNIA

7 LAMAAS EL
 8 PLAINTIFF
 9
 10 CUSTODY ASSISTANT, SOTO
 11 DEFENDANT

} MOTION FOR APPOINTMENT OF
 } COUNSEL

12 PURSUANT TO 28 U.S.C. § 1915 (e)(1) PLAINTIFF, MOVES FOR AN
 13 ORDER APPOINTING COUNSEL TO REPRESENT HIM IN THIS CASE, IN
 14 SUPPORT OF THIS MOTION,
 15 PLAINTIFF STATES:

16 (1) A (E.O.P.) ENHANCED OUT PATIENT "MENTAL HEALTH CLIENT"

17 (2) PLAINTIFF IS UNABLE TO AFFORD COUNSEL, HE HAS
 18 REQUESTED LEAVE TO PROCEED IN "FORMA PAUPERIS"

19 (3) PLAINTIFF'S IMPRISONMENT WILL GREATLY LIMIT HIS ABILITY
 20 TO LITIGATE. THE ISSUES INVOLVED IN THIS CASE ARE COMPLEX, AND
 21 WILL REQUIRE SIGNIFICANT RESEARCH AND INVESTIGATION.
 22 PLAINTIFF HAS LIMITED ACCESS TO THE LAW LIBRARY AND LIMITED
 23 KNOWLEDGE OF THE LAW.

24 (4) A TRIAL IN THIS CASE WILL INVOLVE CONFLICTING
 25 TESTIMONY, AND COUNSEL WOULD BETTER ENABLE PLAINTIFF
 26 TO PRESENT EVIDENCE AND CROSS EXAMINE WITNESSES.

27 (5) PLAINTIFF HAS MADE REPEATED EFFORTS TO OBTAIN
 28 A LAWYER.

29 (1)

1 WHEREFORE, PLAINTIFF REQUESTS THAT THE
2 COURT APPOINT COUNSEL IN THIS CASE.
3
4

5 DATE: 5-16-18
6
7
8
9

10 NAME: LAMAAS EL
11

12 SIGNATURE: 
13
14
15

16 ADDRESS: P.O. BOX 8101 / SAN LUIS OBISPO, CA. 93409
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VERIFICATION

I, LAMAAS EL,

EXECUTED AT: CMC

SAN LUIS OBISPO, CALIFORNIA

I AM THE PLAINTIFF IN THIS ACTION. I HAVE READ THE FOREGOING COMPLAINT AND VERIFY THAT THE MATTERS ALLEGED THEREIN ARE TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO MATTERS THAT ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS DECLARATION WAS EXECUTED

AT: CMC EAST

ON: 6-12-18

P.O. BOX 8101

SAN LUIS OBISPO, CA.

93409

PLAINTIFF, Lamaas El

LAMAAS EL

BE4873

PROOF OF SERVICE BY MAIL

(Cal. Code of Civ. Pro. §1013, FRCivP 5(b) (2) (C), FRAP 25(c) (1) (A))

I, LAMAAS EL, declare that I placed a true and correct copy of the following document(s):

CIVIL RIGHTS COMPLAINT
TITLE 42 U.S.C. 1983

In a fully first-class postage paid envelope and addressed it to:

X UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
312 NORTH SPRING STREET, Room G-8
LOS ANGELES, CA. 90012
ATTENTION: PRO SE CLERK

I further declare that I followed institutional procedures for the processing of outgoing legal mail and turned the sealed envelope over to prison officials for mailing on the date below.

The foregoing is true and correct under penalty of perjury.

Executed by LAMAAS EL BE4873
Print Inmate name and CDCR #

X this 12 day of JUNE, 2018, at:

Wasco State Prison-Reception Center, 701 Scofield Rd., P.O. BOX Wasco, CA 93280
C.M.C. EAST / P.O. BOX 8101 / SAN LUIS OBISPO, CA. 93409

Lamaas El
Inmate/Declarant signature

Proof of Service, Case No.: _____

(Attach to document)